

**LOUISIANA STATE UNIVERSITY SCHOOL  
OF MEDICINE IN NEW ORLEANS  
FACULTY GROUP PRACTICE d/b/a  
LSU HEALTHCARE NETWORK  
AND SUBSIDIARIES**

Management's Discussion and Analysis,  
Consolidated Financial Statements as of and  
for the Years Ended June 30, 2014 and 2013,  
and Independent Auditor's Report



## Contents

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<b>Independent Auditor's Report</b>	<b>1 - 2</b>
-------------------------------------	--------------

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<b>Management's Discussion and Analysis</b>	<b>4 - 12</b>
---------------------------------------------	---------------

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<b>Basic Consolidated Financial Statements</b>	
Statements of Net Position	14
Statements of Revenues, Expenses and Change in Net Position	15
Statements of Cash Flows	16
Notes to Consolidated Financial Statements	17 - 32

---

<b>Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i></b>	<b>33 - 34</b>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------

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<b>Schedule of Findings and Questioned Costs</b>	<b>35</b>
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## **Independent Auditor's Report**

To the Board of Directors of  
Louisiana State University School of Medicine in  
New Orleans Faculty Group Practice

### **Report on the Financial Statements**

We have audited the accompanying consolidated financial statements of Louisiana State University School of Medicine in New Orleans Faculty Group Practice, a Louisiana non-profit corporation, d/b/a LSU Healthcare Network and Subsidiaries (LSUHN), which comprise the statements of net position as of June 30, 2014 and 2013, and the related statements of revenues, expenses and changes in net position, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We did not audit the financial statements of University Medical Group, LLC (a wholly-owned subsidiary) (UMG), which statements reflect total assets constituting 27% and 31% of consolidated total assets as of June 30, 2014 and 2013, respectively, and total revenues constituting 25% and 31% of consolidated total revenues for the years ended June 30, 2014 and 2013, respectively. Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for UMG, is based solely on the report of the other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion.

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An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

### **Opinion**

In our opinion, based on our audits and the report of the other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the net position of LSUHN as of June 30, 2014 and June 30, 2013, and the consolidated changes in its net position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### **Other Matters**

#### *Required Supplementary Information*

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 4 through 12 be presented to supplement the basic consolidated financial statements. Such information, although not a part of the basic consolidated financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic consolidated financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic consolidated financial statements, and other knowledge we obtained during our audits of the basic consolidated financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

### **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated August 29, 2014 on our consideration of LSUHN's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering LSUHN's internal control over financial reporting and compliance.



A Professional Accounting Corporation

Covington, LA  
August 29, 2014

## **MANAGEMENT'S DISCUSSION AND ANALYSIS**

## LSU HEALTHCARE NETWORK AND SUBSIDIARIES

### For the Years Ended June 30, 2014 and 2013

#### Management's Discussion and Analysis

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This section of the Louisiana State University School of Medicine in New Orleans Faculty Group Practice, a Louisiana non-profit corporation, d/b/a LSU Healthcare Network's (LSUHN) annual financial report presents management's discussion and analysis of financial performance during the fiscal year ended June 30, 2014. It should be read in conjunction with the consolidated financial statements in this report.

#### OVERVIEW OF THE FINANCIAL STATEMENTS

This annual report consists of four components - Management's Discussion and Analysis of Financial Condition and Operating Results (this section), the Independent Auditors' Report, the Consolidated Financial Statements, and the Auditors' Report on Compliance and on Internal Control over Financial Reporting.

The *Consolidated Financial Statements* of LSU Healthcare Network and Subsidiaries report the consolidated financial position of LSUHN and the consolidated results of its operations and its cash flows. The consolidated financial statements are prepared on the accrual basis of accounting. These statements offer short-term and long-term financial information about LSUHN's activities.

The *Consolidated Statements of Net Position* include all of LSUHN's and its Subsidiaries' assets and liabilities and provides information about the nature and amounts of investments in resources (assets) and the obligations to LSUHN's creditors (liabilities) for both the current year and the prior year. They also provide the basis for evaluating the capital structure of LSUHN and assessing the liquidity and financial flexibility of LSUHN.

All of the current and prior year's revenues and expenses are accounted for in the *Consolidated Statements of Revenues, Expenses and Changes in Net Position*. These statements measure the performance of LSUHN's operations over the past two years and can be used to determine whether LSUHN has been able to recover all of its costs through its patient service revenue and other revenue sources.

The primary purpose of the *Consolidated Statements of Cash Flows* is to provide information about LSUHN's cash from operations, investing, and financing activities. The cash flow statement outlines where the cash comes from, what the cash is used for, and the change in the cash balance during the reporting period.

The annual report also includes *Notes to the Consolidated Financial Statements* that are essential to gain a full understanding of the data provided in the consolidated financial statements. The notes to the consolidated financial statements can be found immediately following the basic financial statements in this report.

**LSU HEALTHCARE NETWORK AND SUBSIDIARIES**  
**For the Years Ended June 30, 2014 and 2013**

**Management's Discussion and Analysis**

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**FINANCIAL ANALYSIS OF THE HEALTHCARE NETWORK**

Operating results for fiscal year 2014 increased \$10.2 million, when compared to fiscal year 2013, resulting in increased net revenues of \$11.2 million returned to LSUHSC. Total assets at June 30, 2014, increased \$6.9 million from June 30, 2013, primarily because of increased patient accounts receivable. Unrestricted cash increased \$4.15 million and designated cash decreased \$0.15 million, for a net increase in cash of \$4.0 million. Accounts receivable increased \$3.8 million, related party receivables decreased \$0.15 million, other receivables and prepaid decreased \$0.39 million and other asset had a negligible increase. Current assets exceed current liabilities by approximately \$20.9 million, which is a current ratio of 2.3.

**Condensed Consolidated Statements of Net Position**  
**(In Thousands)**

	<b>As of 2014</b>	<b>As of 2013</b>	<b>Dollar Change</b>	<b>Total % Change</b>
Current and Other Assets	<b>\$ 39,269</b>	\$ 31,899	\$ 7,370	23.1 %
Capital Assets	<b>2,195</b>	2,645	(450)	(17.0) %
<b>Total Assets</b>	<b>\$ 41,464</b>	\$ 34,544	\$ 6,920	20.0 %
Other Liabilities	<b>\$ 15,462</b>	\$ 9,781	\$ 5,681	58.1 %
<b>Total Liabilities</b>	<b>15,462</b>	9,781	5,681	58.1 %
Net Investment in Capital Assets	<b>2,195</b>	2,645	(450)	(17.0) %
Unrestricted	<b>23,807</b>	22,118	1,689	7.6 %
<b>Total Net Position</b>	<b>26,002</b>	24,763	1,239	5.0 %
<b>Total Liabilities and Net Position</b>	<b>\$ 41,464</b>	\$ 34,544	\$ 6,920	20.0 %

**LSU HEALTHCARE NETWORK AND SUBSIDIARIES**  
**For the Years Ended June 30, 2014 and 2013**

**Management's Discussion and Analysis**

**Summary of Revenues, Expenses and Changes in Net Position**

The following table presents a summary of the practice's historical revenues and expenses for each of the fiscal years ended June 30, 2014 and 2013:

**Condensed Statements of Revenues, Expenses and Changes in Net Position**  
**For the Years Ended June 30, 2014 and 2013**  
(In Thousands)

	Fiscal Year 2014	Fiscal Year 2013
<b>Revenues</b>		
Net Patient Service Revenue	\$ 72,082	\$ 59,778
Capitation Revenue	24,259	26,464
Grant Revenue	168	198
<b>Total Revenues</b>	<b>96,509</b>	<b>86,440</b>
<b>Operating Expenses</b>		
Operating and Administrative	74,521	62,044
Medical Claims Expense	19,930	21,285
Depreciation and Amortization	800	843
<b>Total Operating Expenses</b>	<b>95,251</b>	<b>84,172</b>
<b>Income from Operations</b>	<b>1,258</b>	<b>2,268</b>
<b>Non-Operating Revenues (Expenses)</b>		
Interest Income and Other Income and Expenses	(18)	14
<b>Change in Net Position</b>	<b>1,240</b>	<b>2,282</b>
<b>Net Position, Beginning of Year</b>	<b>24,762</b>	<b>22,481</b>
<b>Net Position, End of Year</b>	<b>\$ 26,002</b>	<b>\$ 24,762</b>

During fiscal year 2014, the practice generated 75% of its total revenues from patient care, with the other 25% being derived primarily from capitation revenue from University Medical Group, LLC. There was an increase in the revenues of \$10.1 million from the prior fiscal year.

As a result of the privatization of the Louisiana public hospital system at the end of fiscal year 2013, LSUHN assumed billing for the New Orleans hospital based services formerly contracted with LSU-HCSD and the Emergency Department formerly owned by Van Meter & Associates resulting in \$5.6 million increase in collections.



**LSU HEALTHCARE NETWORK AND SUBSIDIARIES**  
**For the Years Ended June 30, 2014 and 2013**

**Management's Discussion and Analysis**

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LSUHN continues to provide care to patients formerly seen in the public hospital system in New Orleans, Baton Rouge and Lafayette, without regard to their ability to pay for those services. During the year ended June 30, 2014, charity charges entered into the billing system and adjusted off, totaled over \$50.2 million compared to \$29.4 million during the year ended June 30, 2013, primarily due to hospital based services being included as part of LSUHN 2014.

Patient service revenue net of contractual adjustments and allowances and bad debt was \$12.8 million higher in fiscal year 2014 than fiscal year 2013. Fiscal year 2014 patient service revenue included over \$5.0 million in Medicaid Upper Payment Limit (UPL) funds compared to \$6.0 million in the prior fiscal year. In addition, fiscal year 2014 includes approximately \$1.2 million in Meaningful Use payments. Net capitation revenue in excess of claims paid decreased \$0.85 million compared to fiscal year 2013. Grant revenue decreased \$0.03 million.

Net revenues returned to LSUHSC increased \$11.2 million. General and administrative expenses increased \$1.2 million, of which \$1.0 million was related the billing fees on the increased patient service revenue. Medical supplies expense decreased \$0.03 million. Depreciation and amortization decreased \$0.05 million.

The following table represents the relative percentage of gross charges billed for patient services by payor, excluding activity for Medicare Advantage for UMG, for the years ended June 30, 2014 and 2013:

	<b>Fiscal Year 2014</b>	<b>Fiscal Year 2013</b>
Medicaid	<b>23 %</b>	24 %
Free Care/Indigent	<b>21</b>	18
Medicare	<b>17</b>	19
Managed Care	<b>27</b>	30
Self-Pay	<b>12</b>	9
<b>Total Gross Charges</b>	<b>100 %</b>	100 %

**OPERATING AND FINANCIAL PERFORMANCE**

Operating and financial performance in fiscal year 2014 reflect the steady improvement and stabilization, exceeding levels experienced prior to Hurricane Katrina. LSUHN's seven floor multi-specialty-flagship clinic is located on St. Charles Avenue near Touro. LSUHN continues to operate clinic sites in medical office buildings adjacent to Ochsner Baptist, Ochsner Kenner (moved to larger suite in fiscal year 2014), East Jefferson Hospital, West Jefferson Hospital and in the Behavioral Sciences Center near Touro Infirmary, as well as a private clinic in Baton Rouge. In fiscal year 2014, a new cardiology clinic in Gretna in conjunction with PHN Primary Care Plus clinics was opened. Additionally, a new clinic was opened for surgery in Lafayette. LSUHN's physicians also provide services in hospital-based clinics at Ochsner Kenner, East Jefferson, the Interim Hospital in New Orleans, Our Lady of the Lake (replacing Earl K. Long Hospital) in Baton Rouge, and University Medical Center in Lafayette.

## LSU HEALTHCARE NETWORK AND SUBSIDIARIES

### For the Years Ended June 30, 2014 and 2013

#### Management's Discussion and Analysis

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As the School of Medicine has continued to receive budget cuts from State funding, there has been more focus on expanding faculty private practice in the New Orleans clinics. State mandates requiring privatization of public hospital management has had a major impact in the Baton Rouge and Lafayette areas. The closure of Earl K. Long resulted in the loss of certain services in the Baton Rouge area in 2013. LSUHN has relocated services from Earl K. Long to Our Lady of the Lake as part of the privatization plan. Management of LSU Interim Hospital has been assumed through a cooperative endeavor agreement and long term lease by University Medical Center Management Corporation (UMCMC). The University Medical Center has been transferred to Lafayette General Health System. The transition to these new private-public partnerships has been challenging and the future remains unclear.

The Pediatrics Department of the School of Medicine rejoined LSUHN in July 1, 2011 in order to participate in the Upper Payment Limit (UPL). Pediatrics contribution increased approximately \$1.3 million in fiscal year 2014.

LSUHN's personnel expenses increased by \$0.14 million primarily due to filling vacant positions and hiring personnel for new clinics. General and administrative, combined with depreciation and amortization, expenses increased by \$1.1 million in fiscal 2014 primarily due increased facility expense for new clinics, training expenses for the electronic medical record, consulting services, insurance expense and patient surveys required for Medical Home certification. Medical supplies decreased by \$0.03 million due to centralizing purchasing and monitoring inventory.

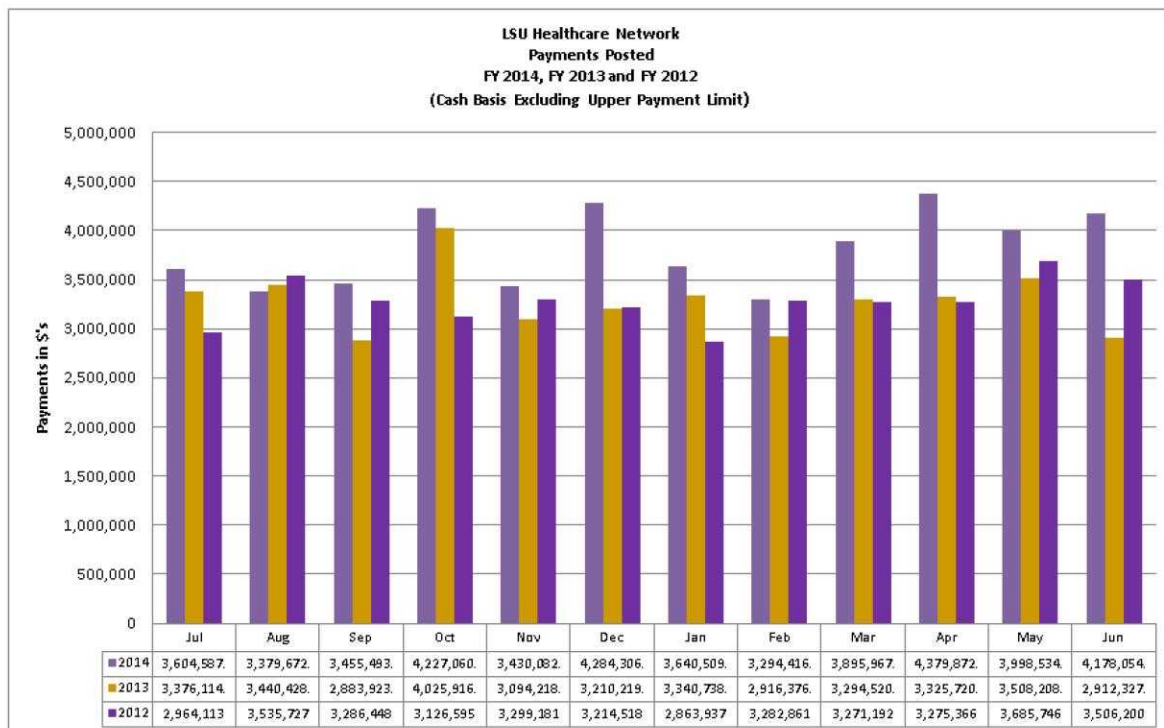
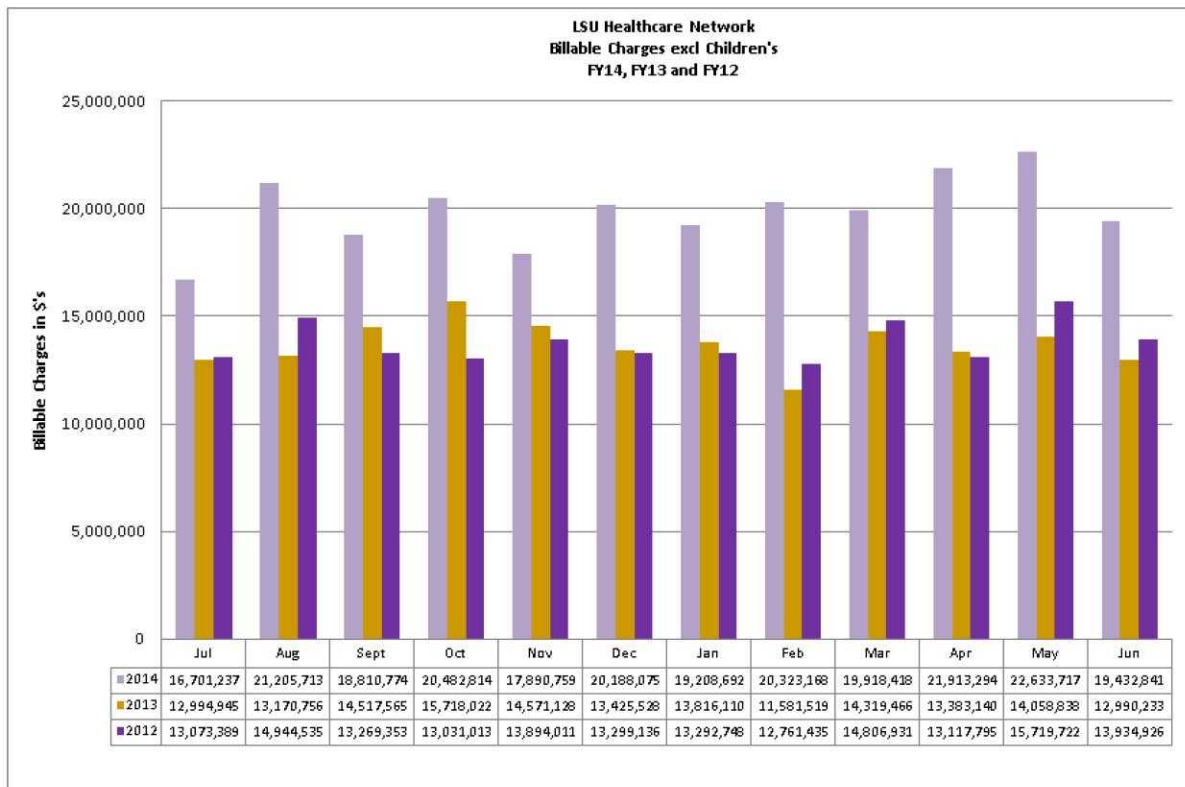
The following summarizes the practice's Statements of Revenues, Expenses and Changes in Net Position between 2014 and 2013:

- Revenue from patient services net of contractual allowances, adjustments and bad debt increased \$12.3 million, or 20.6% from 2013 to 2014 because of Pediatrics, contract revenues for the Emergency Department, and LSUHCSD contracts at ILH.
- Capitation revenue, related to UMG activity, decreased \$2.2 million, or 8.3%, because of decreases in Medicare Advantage base rates and lower reimbursements due to sequestration.
- Non-physician personnel expense increased \$0.16 million, or 1.8% for clinic staffing.
- General and administrative, combined with depreciation and amortization, expenses increased by \$1.1 million, or 8.2%, in 2014. Higher facility expense for new clinics, training fees for the electronic health record, consulting services, insurance expense and patient surveys required for Medical Home certification in 2014, and significant higher billing fees which is a factor of higher revenue.
- Medical supplies and drugs expense decreased by \$0.04 million, or 3.4%, during fiscal year 2014 due to centralized purchasing and monitoring inventory.
- Medical claims paid, related to UMG activity, decreased \$1.4 million, or 6.4%.
- Net revenues returned to LSUHSC increased by \$11.2 million or 28.6%.
- Interest and Other Income decreased \$0.03 million.
- The practice realized an increase in net assets of \$1.2 million in 2014 compared to \$2.3 million in 2013.

The charts on the following pages show the trend in billable charges and payments for patient services for the fiscal years 2014, 2013 and 2012.

**LSU HEALTHCARE NETWORK AND SUBSIDIARIES**  
**For the Years Ended June 30, 2014 and 2013**

**Management's Discussion and Analysis**



**LSU HEALTHCARE NETWORK AND SUBSIDIARIES**  
**For the Years Ended June 30, 2014 and 2013**

**Management's Discussion and Analysis**

Ambulatory patient volume in LSUHN private clinics increased over 3.9% in fiscal year 2014. Charges exceeded prior year in most months of fiscal year 2014 reflecting the increased number of patient encounters. Cash collections increased due to increased service lines and new clinic locations.

Capital asset purchases of approximately \$.38 million in fiscal 2014 were primarily related to PACS system for Vascular and Radiology, website, financial system, computers and phones, furniture and equipment for Westbank Cardiology and Kenner Multispecialty relocation.

**Capital Asset Summary**  
**(In Thousands)**

	<b>As of 2014</b>	<b>As of 2013</b>	<b>Dollar Change</b>	<b>Total % Change</b>
Office Furniture and Telephones	\$ 836	\$ 836	\$ -	0 %
Computers and Related Equipment	1,737	1,564	173	11 %
Medical Equipment	2,217	2,190	27	1 %
Leasehold Improvements	803	788	15	2 %
License Fees	2,705	2,618	87	3 %
Totals at Historical Cost	8,298	7,996	302	4 %
Less: Accumulated Depreciation and Amortization	(6,103)	(5,352)	(751)	14 %
<b>Capital Assets - Net</b>	<b>\$ 2,195</b>	<b>\$ 2,644</b>	<b>\$ (449)</b>	<b>(17) %</b>

## **LSU HEALTHCARE NETWORK AND SUBSIDIARIES**

### **For the Years Ended June 30, 2014 and 2013**

#### **Management's Discussion and Analysis**

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#### **ECONOMIC FACTORS AND NEXT YEAR'S BUDGET**

Patient service revenue is expected to have increased volumes in the private sector with the continued expansion of services and increased network referrals especially at St. Charles Clinic, continued growth in the Westbank Cardiology Clinic and Kenner Multispecialty Clinic. New Orleans will also see an increase in contracted revenues from the Interim Hospital for the billings for hospital based services formerly contracted with LSU-HSCD and the Emergency Department billings previously owned by Van Meter & Associates. Reimbursement rates are expected to remain flat, lower UPL payments and meaningful use payments are expected in 2015. The privatized management of the public hospital system remains unclear in the upcoming year. Total operating expense for patient services is expected to increase due to the increased services at the private clinics, increased billing and collection fees and additional expenses for the electronic health record system upgrade required for ICD-10.

LSUHN entered into a five year master lease with Touro Infirmary for approximately 70,000 square feet located on St. Charles Avenue. The St. Charles Clinic opened in October 2011 and is anticipated to have one (1) five year renewal. LSUHN is using this space to consolidate and integrate some of its clinical services formerly provided in multiple sites throughout the New Orleans area, including leased space from Ochsner Medical Center and to establish a LSU medical office complex in the central part of New Orleans. Continued clinic consolidation is expected in 2015.

Under the amended and restated agreement and pursuant to the Uniform Affiliation Agreement, LSUHN, in coordination with the Dean of the School of Medicine and the Dean of the School of Dentistry, will be relocating clinical faculty to provide primary care, dentistry and some specialty services. Oral Surgery will continue to be a part of LSUHN, adding private business in the Baton Rouge area in 2015. With continued budget cuts from the State of Louisiana, the expansion in private sector business of the network will provide some much needed relief to supplement the budget.

#### **CONTACTING THE PRACTICE'S FINANCIAL MANAGER**

This financial report is designed to provide our customers and creditors with a general overview of LSUHN's finances. If you have questions about this report or need additional financial information, please contact the Chief Financial Officer, LSU Healthcare Network, 1542 Tulane Ave., Suite 123-HCN, New Orleans, LA 70112.

#### **REPORT OF MANAGEMENT'S RESPONSIBILITY**

The management of LSUHN is responsible for the preparation and integrity of the financial information presented in this report. The basic consolidated financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America as promulgated by the Governmental Accounting Standards Board and the Financial Accounting Standards Board and include amounts based on judgments and estimates made by management. Management also prepares the other information included in the report and is responsible for its accuracy and consistency with the consolidated financial statements. The consolidated financial statements have been audited by the independent accounting firm of LaPorte, APAC who was given unrestricted access to all financial records and related data, including the minutes of all meetings of the Board of Directors.

**LSU HEALTHCARE NETWORK AND SUBSIDIARIES**  
**For the Years Ended June 30, 2014 and 2013**

**Management's Discussion and Analysis**

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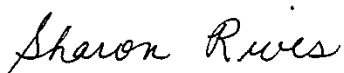
The Board of Directors, through its Finance Committee (the Committee), provides oversight to the financial reporting process. Integral to this process is the Committee's review and discussion with management of the monthly financial statements and the external auditors for the annual consolidated financial statements.

LSUHN maintains a system of internal control over financial reporting, which is designed to provide reasonable assurance that transactions are executed as authorized and accurately recorded and that assets are properly safeguarded, and also to provide reasonable assurance to our management and the Board of Directors regarding the reliability of our consolidated financial statements. The internal control system includes:

- A documented organizational structure and division of responsibility.
- Established policies and procedures that are regularly communicated and that demand high ethical conduct from all employees.

LSUHN's Executive Committee and Finance Committee monitor the operations and internal control system and report findings and recommendations to management and the Board of Directors as appropriate. Corrective actions are taken to address control deficiencies and other opportunities for improvement as they are identified.

Louisiana State University School of Medicine in New Orleans Faculty Group Practice (d/b/a LSU Healthcare Network)



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Sharon Rives,  
Chief Financial Officer

## **CONSOLIDATED FINANCIAL STATEMENTS**

**LSU HEALTHCARE NETWORK AND SUBSIDIARIES**  
**Consolidated Statements of Net Position**  
**June 30, 2014 and 2013**

	2014	2013
<b>Assets</b>		
<b>Current Assets</b>		
Cash and Cash Equivalents	\$ 22,320,428	\$ 18,166,107
Designated Cash	-	146,581
Patient Accounts Receivable (Net of Contractual Allowances and Doubtful Accounts of \$31,867,553 in 2014 and \$19,024,270 in 2013)	12,440,695	8,611,543
Due From Related Party	848,319	1,000,608
Inventory	70,865	-
Prepaid Expenses	519,472	868,297
Other Receivables	116,976	159,896
<b>Total Current Assets</b>	<b>36,316,755</b>	<b>28,953,032</b>
<b>Capital Assets, Net</b>	<b>2,194,609</b>	<b>2,644,524</b>
<b>Other Assets</b>		
Due From Related Party - Other	191,677	191,677
Deposits	229,726	222,926
Investments	2,531,213	2,531,213
<b>Total Other Assets</b>	<b>2,952,616</b>	<b>2,945,816</b>
<b>Total Assets</b>	<b>\$ 41,463,980</b>	<b>\$ 34,543,372</b>
<b>Liabilities and Net Position</b>		
<b>Current Liabilities</b>		
Accounts Payable and Accrued Liabilities	\$ 1,517,243	\$ 763,001
Medical Claims Payable	1,711,702	1,502,373
Due to LSU Health Sciences Center	12,232,889	7,515,586
<b>Total Current Liabilities</b>	<b>15,461,834</b>	<b>9,780,960</b>
<b>Net Position</b>		
Net Investment in Capital Assets	2,194,609	2,644,524
Unrestricted	23,807,537	22,117,888
<b>Total Net Position</b>	<b>26,002,146</b>	<b>24,762,412</b>
<b>Total Liabilities and Net Position</b>	<b>\$ 41,463,980</b>	<b>\$ 34,543,372</b>

The accompanying notes are an integral part of these consolidated financial statements.



**LSU HEALTHCARE NETWORK AND SUBSIDIARIES**  
**Consolidated Statements of Revenues, Expenses and**  
**Change in Net Position**  
**For the Years Ended June 30, 2014 and 2013**

	2014	2013
<b>Operating Revenues</b>		
Net Patient Service Revenue, Net of Provision for Bad Debts of \$17,431,131 in 2014 and \$8,014,537 in 2013	\$ 72,082,319	\$ 59,777,947
Capitation Revenue	24,259,161	26,463,547
Grant Revenue	167,580	198,009
<b>Total Operating Revenues</b>	<b>96,509,060</b>	<b>86,439,503</b>
<b>Operating Expenses</b>		
Personnel - Salaries and Benefits	8,290,583	8,151,506
Leased Employees - Non-Faculty	637,737	616,477
Medical Supplies	1,149,481	1,189,951
Medical Claims Expense	19,930,438	21,284,812
General and Administrative	14,231,858	13,048,354
Net Revenues Returned to LSUHSC	50,211,429	39,037,684
Depreciation and Amortization	799,841	842,717
<b>Total Operating Expenses</b>	<b>95,251,367</b>	<b>84,171,501</b>
<b>Income from Operations</b>	<b>1,257,693</b>	<b>2,268,002</b>
<b>Non-Operating Revenues (Expenses)</b>		
Interest Income and Other Income, Net	(17,959)	13,566
<b>Total Non-Operating Revenues (Expenses), Net</b>	<b>(17,959)</b>	<b>13,566</b>
<b>Change in Net Position</b>	<b>1,239,734</b>	<b>2,281,568</b>
<b>Net Position, Beginning of Year</b>	<b>24,762,412</b>	<b>22,480,844</b>
<b>Net Position, End of Year</b>	<b>\$ 26,002,146</b>	<b>\$ 24,762,412</b>

The accompanying notes are an integral part of these consolidated financial statements.

**LSU HEALTHCARE NETWORK AND SUBSIDIARIES**  
**Consolidated Statements of Cash Flows**  
**For the Years Ended June 30, 2014 and 2013**

	2014	2013
<b>Cash Flows from Operating Activities</b>		
Cash Received from Clinic Operations	\$ 68,989,957	\$ 60,559,874
Cash Received from Grant Revenue	226,474	160,654
Cash Received from Capitation Revenue	23,625,211	26,785,525
Cash Payments for Personnel	(8,196,269)	(8,724,115)
Cash Payments for Net Revenues Returned to LSUHSC	(45,494,128)	(39,027,136)
Cash Payments for Supplies and General and Administrative	(15,047,711)	(14,493,942)
Cash Payments for Medical Claims	(19,721,109)	(21,519,731)
<b>Net Cash Provided by Operating Activities</b>	<b>4,382,425</b>	<b>3,741,129</b>
<b>Cash Flows from Non-Capital Financing Activities</b>		
Cash (Paid) Received from Deposits	(6,800)	2,053
Decrease in Designated Cash	146,581	180,891
<b>Net Cash Provided by Non-Capital Financing Activities</b>	<b>139,781</b>	<b>182,944</b>
<b>Cash Flows from Capital and Related Financing Activities</b>		
Purchase of Capital Assets	(381,675)	(597,806)
<b>Net Cash Used in Capital and Related Financing Activities</b>	<b>(381,675)</b>	<b>(597,806)</b>
<b>Cash Flows from Investing Activities</b>		
Interest and Other Income Received	8,790	12,565
Proceeds from Sale of Capital Assets	5,000	1,000
<b>Net Cash Provided by Investing Activities</b>	<b>13,790</b>	<b>13,565</b>
<b>Net Increase in Cash and Cash Equivalents</b>	<b>4,154,321</b>	<b>3,339,832</b>
<b>Cash and Cash Equivalents, Beginning of Year</b>	<b>18,166,107</b>	<b>14,826,275</b>
<b>Cash and Cash Equivalents, End of Year</b>	<b>\$ 22,320,428</b>	<b>\$ 18,166,107</b>
<b>Reconciliation of Operating Income to Net Cash Provided by Operating Activities</b>		
Income from Operations	\$ 1,257,693	\$ 2,268,002
Adjustments to Reconcile Income from Operations to Net Cash Provided by Operating Activities		
Depreciation and Amortization	799,841	842,717
Provision for Bad Debt	17,431,131	8,014,537
(Increase) Decrease in Operating Assets		
Patient Accounts Receivable, Net	(21,260,283)	(6,511,172)
Amounts Due From Related Party	152,289	-
Inventory	(70,865)	-
Prepaid Expenses	348,825	(495,188)
Other Receivables	42,920	(26,074)
Decrease (Increase) in Operating Liabilities		
Accounts Payable and Other Liabilities	963,571	(363,194)
Due to LSU Health Sciences Center	4,717,303	11,501
<b>Net Cash Provided by Operating Activities</b>	<b>\$ 4,382,425</b>	<b>\$ 3,741,129</b>

The accompanying notes are an integral part of these consolidated financial statements.

## LSU HEALTHCARE NETWORK AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

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#### Note 1. Summary of Significant Accounting Policies

##### Reporting Entity

Louisiana State University School of Medicine in New Orleans Faculty Group Practice, a Louisiana non-profit corporation, d/b/a LSU Healthcare Network and Subsidiaries (LSUHN), assists the LSU Health Sciences Center (LSUHSC) in carrying out its medical, educational, and research functions. The Board of Directors consists of seven (7) members who are representatives of the Board of Supervisors of Louisiana State University and Agricultural and Mechanical College (LSU), the LSUHSC and the LSU School of Medicine in New Orleans as well as eight (8) public or community members who are not employees of LSU and are nominated by either the Nominating Committee or any member of the Board of Directors. Upon dissolution of LSUHN, any remaining assets would be distributed to the Board of Supervisors of LSU or its successor for distribution to LSUHSC or to the Louisiana State University Medical Center Foundation. LSUHN provides health care to the general public including, but not limited to, the delivery of physician medical services and other health care services to individuals. LSUHN receives compensation for these services from the Medicare and Medicaid programs, certain commercial insurance carriers, health maintenance organizations, preferred provider organizations and directly from patients.

LSUHN's activities include services provided in both the public hospitals and the private clinics serviced by LSUHSC. LSUHN and LSUHSC (through the Board of Supervisors of LSU) have entered into Cooperative Endeavor and Operating Agreements that permit the two entities to work together on a mutually beneficial basis. The agreements delineate the obligations and responsibilities of both LSUHN and LSUHSC. Both parties have the right to terminate the Cooperative Endeavor Agreement with or without cause upon 60 days written notice. The agreements expired October 31, 2005, and have continued to be renewed on a quarterly basis since its expiration.

In August 2011, LSUHN and LSUHSC (through the Board of Supervisors of LSU) entered into a restated and amended agreement pursuant to the Uniform Affiliation Agreement. The agreement establishes support of the Board of Supervisors of LSU A&M and LSUHSC-NO in the attainment of its mission and goals, particularly as they relate to the LSUHSC-NO Schools of Medicine, Allied Health Professions, Dentistry, Nursing and Public Health (collectively, the Health Professional Schools) in their clinical practices.

##### Basis of Accounting

The financial statements of LSUHN have been prepared using the proprietary fund method of accounting whereby revenues and expenses are recognized on the accrual basis of accounting and, accordingly, reflect all significant receivables, payables and other liabilities.

## LSU HEALTHCARE NETWORK AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

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#### Note 1. Summary of Significant Accounting Policies (Continued)

##### **Basis of Accounting (Continued)**

LSUHN follows Governmental Accounting Standards Board (GASB) No. 62, *Codification of Accounting and Financial Guidance Contained in Pre-November 30, 1989 Financial Accounting Standards Board (FASB) and American Institute of Certified Public Accountants (AICPA) Pronouncements*. GASB No. 62 incorporates into GASB's authoritative literature certain accounting and financial reporting guidance that is included in the following pronouncements issued on or before November 30, 1989, which does not conflict with or contradict GASB pronouncements: FASB Statements and Interpretations, Accounting Principles Board Opinions and Accounting Research Bulletins of the AICPA Committee on Accounting Procedure.

LSUHN also follows the provisions of GASB No. 63, *Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources, and Net Position*. This statement specifies where deferred outflows of resources and deferred inflows of resources, as well as assets and liabilities, should be displayed. It also specifies that net assets will not longer be displayed, replacing that categorization with the term net position.

##### **Consolidation**

LSUHN follows the requirements under GASB 61 *The Financial Reporting Entity: Omnibus – An Amendment of GASB Statements No. 14 and No. 34*. The consolidated financial statements include the accounts of LSUHN and its wholly owned subsidiaries; University Medical Group, LLC, LSUHN Vascular Lab, LLC and LSUHN Billing, LLC. The significant intercompany transactions and balances have been eliminated.

The activities of the subsidiaries of LSUHN are as follows:

*University Medical Group, LLC* – University Medical Group, LLC (UMG) is a wholly owned subsidiary of LSUHN. UMG indirectly contracts with People's Health, Inc under capitated arrangements to provide physician health care services to members who select UMG primary care physicians. UMG operates primarily in the New Orleans, Louisiana metropolitan area.

The purpose of UMG is to pursue Medicare advantage contracts in which providers accept capitated payments, through People's Health Network, for health care services. UMG has three primary goals: (1) to gain and protect market share for its providers, (2) to generate and distribute surpluses in the event that capitation payments received exceed the cost of health care services provided, and (3) to maintain an ownership in PH Holdings, LLC.

## LSU HEALTHCARE NETWORK AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

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#### Note 1. Summary of Significant Accounting Policies (Continued)

##### **Consolidation (Continued)**

*LSUHN Billing, LLC* - LSUHN is the sole member of LSUHN Billing, LLC (LSUHN Billing). LSUHN Billing was formed in December 2007 for use by the billing company that handles Baton Rouge and Lafayette billing.

*LSUHN Vascular Lab, LLC* - LSUHN is the sole member of LSUHN Vascular Lab, LLC (LSUHN Vascular). LSUHN Vascular was formed in October 2009 for the purpose of owning and operating an independent vascular laboratory to provide vascular ultrasound testing to patients from the community. There was no activity in fiscal years 2014 or 2013.

##### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements.

Estimates also affect the reported amounts of revenues and expenses during the reporting period. Estimates which are significant for LSUHN include contractual and bad debt allowances and the liability for medical claims payable. Accordingly, actual results could differ from those estimates.

##### **Cash and Cash Equivalents**

LSUHN considers all highly liquid investments in money market funds and investments available for current use with an initial maturity of three months or less to be cash equivalents. Amounts are recorded at fair value.

##### **Designated Cash**

Designated cash represents UMG's allocable portion of the distributable cash in the catastrophic reserve pool. Effective January 1, 2013, the catastrophic reserve pool was dissolved and the distributable cash in the reserve pool was distributed after the final 2012 claims were paid in late 2013. Therefore, UMG had no designated cash balance at June 30, 2014.

##### **Capital Assets**

Capital assets are stated at cost less accumulated depreciation and amortization. Depreciation and amortization are computed on the straight-line basis over the estimated useful lives of the assets, which range from 3-5 years. Assets held under capital lease obligations are recorded at the present value of the minimum lease payments and are included in equipment. Amortization of leased assets is included in depreciation and amortization expense.

## LSU HEALTHCARE NETWORK AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

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#### Note 1. Summary of Significant Accounting Policies (Continued)

##### **Medical Claims Payable**

The unpaid medical claims liability, of UMG, represents management's best estimate of the ultimate net cost of all reported and unreported claims incurred, but not paid, during the reporting period. The estimate is based on actuarial projections of the historical development of claims incurred but not reported and case-basis estimates of claims reported prior to the end of the reporting period.

The estimate of the unpaid medical claims liability was based on the best data available to UMG; however, because of the limited number of members covered by UMG, the estimates are subject to a significant degree of inherent variability. The estimates are continually reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.

Although management believes the estimate of the unpaid medical claims liability is reasonable under the circumstances, it is possible that UMG's actual incurred claims expense will not conform to the assumptions inherent in the determination of the liability; accordingly, the ultimate settlement of the claims may vary significantly from the estimate included in the accompanying consolidated financial statements.

During fiscal years ended June 30, 2014 and 2013, UMG recognized a favorable development of \$63,000 and \$153,000, respectively, due to changes in estimates of the unpaid medical claims liability at June 30, 2013 and 2012, respectively. These changes in estimates resulted from the actual frequency and severity of claims differing from original estimates.

##### **Operating versus Non-Operating Revenue and Expenses**

LSUHN distinguishes operating revenue and expenses from non-operating items. Operating revenue and expenses generally result from providing services in connection with LSUHN's principal ongoing operations. The principal operating revenue of LSUHN is for patient services. Operating expenses include patient services expense, general and administrative expenses, supply and other expenses, and depreciation and amortization expenses. All revenue and expenses not meeting this definition are reported as non-operating revenue and expenses.

##### **Patient Service Revenue Net of Contractual Adjustments and Allowances**

LSUHN has agreements with third parties that provide payments at amounts different from its established rates. Net patient service revenue is reported in the financial statements at the estimated net amounts realizable from patients, third-party payors, and others for services rendered. Major third-party payor arrangements include the Medicaid and Medicare programs.

LSUHN has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, preferred provider organizations and Coordinated Care Networks (CCNs). The basis for payments to LSUHN under these agreements includes prospectively determined rates per office visit and discounts from established charges.

## LSU HEALTHCARE NETWORK AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

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#### Note 1. Summary of Significant Accounting Policies (Continued)

##### **Patient Service Revenue Net of Contractual Adjustments and Allowances (Continued)**

To ensure accurate payments to providers, the Tax Relief and Healthcare Act of 2006 mandated the Centers for Medicare and Medicaid Services (CMS) to implement Recovery Audit Contractor (RAC) and Medicaid Integrity Contractor (MIC) programs on a permanent and nationwide basis no later than 2010. The program uses RACs and MICs to search for potentially improper Medicare and Medicaid payments that may have been made to health care providers that were not detected through existing CMS program integrity efforts, on payments that have occurred at least one year but not longer than three years. Once a RAC or MIC identifies a claim it believes to be improper, it makes a deduction from the provider's Medicare or Medicaid reimbursement in an amount estimated to equal the overpayment.

LSUHN will deduct from revenue amounts assessed under the RAC and MIC audits at the time a notice is received until such time that estimates of net amounts due can be reasonably estimated. RAC and MIC assessments are anticipated; however, the outcome of such assessments is unknown and cannot be reasonably estimated.

In July 2011, Louisiana Medicaid agency selected five private entities to manage care for most of the states' Medicaid enrollees in a new program beginning January 2012. These entities contracting with the Louisiana Department of Health and Hospitals will serve as Coordinate Care Networks (CCNs). The CCNs will coordinate care for adults with disabilities not enrolled in Medicare, children younger than 19, their parents, and pregnant women, allowing them to choose their own CCN. LSUHN contracted with the five entities and negotiated favorable fee schedules. While better rates were negotiated with the CCNs, the Upper Payment Limit (UPL) will not be available for this portion of the Medicaid business.

##### **Charity Care**

LSUHN provides care to patients in the Louisiana public hospital system without regard to their ability to pay for those services. LSUHN does not pursue collection of charges generated from providing services to patients that are determined to qualify for charity care and, as a result, these charges are not reported as revenue. However, in certain areas, the billing process requires that some free care charges be entered into the system before they are adjusted out of revenues. LSUHN maintains records to identify and monitor the level of charity care it provides to all of its qualifying patients. These records include the amount of charges foregone for services and supplies furnished under its charity care policy.

During the years ended June 30, 2014 and 2013, charity charges entered into the billing system and adjusted off were approximately \$50,200,000 and \$29,400,000, respectively. The increased charity charges are primarily related to patients receiving hospital based and Emergency Department services formerly contracted elsewhere.

As noted above, for those charity care charges entered into the billing system and adjusted off, accounts classified as charity care are written off immediately.

## LSU HEALTHCARE NETWORK AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

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#### Note 1. Summary of Significant Accounting Policies (Continued)

##### Capitation Revenue

UMG, the wholly owned subsidiary of LSUHN, has entered into an agreement with New Orleans Regional Physician Hospital Organization, Inc. (NORPHO) whereby UMG has authorized NORPHO to contract with purchasers of healthcare services for the delivery of health care services to covered members. UMG pays a management fee to NORPHO for management services provided under a management services contract.

UMG receives capitation payments as compensation for a commitment to provide health care services to covered members. Capitation payments are recognized as revenue during the period in which UMG is obligated to provide health care services to these members. Amounts receivable, from NORPHO, related to capitation revenue are included as current assets in Due From Related Party on the consolidated statements of net position.

##### Grant Revenue

LSUHN is a subrecipient of a federal grant awarded to LSUHSC to provide a nurse practitioners clinic to serve the under-privileged population. The clinic opened in January 2011 in the Village Du Jardin development and is part of LSUHN. A second clinic location was opened in 2012 in the Terraces on Tulane, a Volunteers of America housing location. As of June 30, 2014 and 2013, \$167,580 and \$198,009, respectively, was included as revenue on the consolidated statements of revenues and expenses and changes in net position. As of June 30, 2014 and 2013, \$65,766 and \$124,660, respectively, of these grant revenues was also included in other receivables on the consolidated statement of net position.

##### Due from Related Party - Other

This amount represents premium withheld from UMG by NORPHO to allow Peoples Health, Inc. (PHI) to hold an amount to satisfy regulatory requirements at PHI. The amount will be paid to UMG if the network is dissolved, if UMG ceases operations and satisfies all obligations, if the regulatory requirements change, or potentially if UMG experiences a significant change in its operations.

##### Medical Claims Expense

UMG contracts with various physicians, physician groups, and other ancillary providers under the terms of primary/specialty care physician agreements or other ancillary agreements for the purpose of providing health care services on behalf of UMG. Based on the nature of the agreements, medical expense is recognized either during the period in which UMG is obligated to provide medical services for members, or during the period in which medical services are provided to members.

Through December 31, 2012, UMG participated in a catastrophic reserve pool with the other independent physician associations (IPAs), as the Network, to provide shared-risk insurance coverage on physician charges in excess of certain limits. The program was terminated effective January 1, 2013. UMG has stop-loss insurance coverage with an unaffiliated insurer for charges exceeding certain limits. Amounts recoverable from the catastrophic reserve pool and the unaffiliated insurer are classified as accounts receivable on the consolidated statements of net position. In addition, UMG classifies pharmacy rebate receivables as accounts receivable on the consolidated statements of net position.



## LSU HEALTHCARE NETWORK AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

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#### Note 1. Summary of Significant Accounting Policies (Continued)

##### Income Taxes

LSUHN is a non-profit corporation organized under the laws of the State of Louisiana. It is exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, and qualifies as a support organization, as defined in Section 501(a) of the Code.

LSUHN's wholly owned subsidiary, University Medical Group, LLC, holds a minority ownership investment in PH Holdings, LLC, which is a holding company formed in November 2011 that elected to be an S corporation effective January 1, 2012. As a result of this election, any net income derived from this investment will be subject to tax from unrelated business activities. For the year ended June 30, 2014 and 2013, LSUHN's share in the earnings of PH Holdings, LLC was a loss, therefore, no unrelated business income was generated and no taxes were paid or accrued. LSUHN requested and received a private letter ruling from the Internal Revenue Service which confirmed its minority interest in this S corporation, through its wholly owned subsidiary, will not affect its tax-exempt status.

LSUHN follows the provisions of the *Accounting for Uncertainty in Income Taxes* Topic of the FASB ASC, which clarifies the accounting and recognition for income tax positions taken, or expected to be taken, in LSUHN's income tax returns. Management evaluated the LSUHN's tax positions and concluded that LSUHN had taken no uncertain tax positions that require adjustments to the financial statements to comply with the provisions of this guidance.

All tax returns have been appropriately filed by LSUHN. LSUHN recognizes interest and penalties, if any, related to unrecognized tax benefits in income tax expense. LSUHN files income tax returns with federal and state jurisdictions. LSUHN's open audit periods are 2010 - 2013.

##### Net Position

LSUHN prepares its financial statements in accordance with GASB Statement No. 34, *Basic Financial Statements - and Management's Discussion and Analysis - for State and Local Governments*, as amended. It requires the classification of net position into three components - invested in capital assets, net of related debt; restricted; and unrestricted. These classifications are defined as follows:

*Invested in Capital Assets - Net of Related Debt* - This component of net position consists of capital assets, including restricted capital assets, net of accumulated depreciation and amortization and reduced by the outstanding balances of any bonds, mortgages, notes, or other borrowings that are attributable to the acquisition, construction, or improvement of those assets.

*Restricted* - This component of net position consists of constraints placed on net asset use through external constraints imposed by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments or constraints imposed by law through constitutional provisions or enabling legislation.

*Unrestricted* - This component of net position consists of net assets that do not meet the definition of "restricted" or "invested in capital assets, net of related debt."

## LSU HEALTHCARE NETWORK AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

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#### Note 1. Summary of Significant Accounting Policies (Continued)

##### Reclassifications

Certain reclassifications have been made in the June 30, 2013 consolidated statements to conform to the June 30, 2014 presentation. These reclassifications have no effect on the previously reported change in net position.

#### Note 2. Related Party Transactions

In accordance with the Amended and Restated Uniform Affiliation Agreement with LSUHSC, LSUHN provides management services, nursing services, technical support services, clerical services, billing and collection services and other support personnel as necessary to operate a healthcare delivery system. LSUHSC provides professional services of clinical faculty and in exchange LSUHN returns all net revenue, according to the formula in the agreement, to LSUHSC. Net revenues incurred to be returned to LSUHSC were \$50,211,426 and \$39,037,684 for the years ended June 30, 2014 and 2013. Amounts still due under the Amended and Restated Uniform Affiliation Agreement at June 30, 2014 and 2013 were \$12,232,889 and \$7,515,586 respectively.

In addition, LSUHSC provides general support services for LSUHN to operate, such as faculty for LSUHN senior management, computer network and email accounts. LSUHN reimburses LSUHSC for these services. Amounts paid for general support services were \$660,723 and \$766,810 during the years ended June 30, 2014 and 2013, respectively. As of June 30, 2014 and 2013, \$124,465 and \$37,154 were due to LSUHSC for general support services. These amounts are included in accounts payable and accrued liabilities on the consolidated statements of net position.

Several independent physician associations, including UMG, and NORPHO operate as the Network. The Network operates under a master operating agreement with People's Health, Inc. (PHI), a health maintenance organization (HMO), wholly owned by NORPHO. The Network provides covered medical services under certain Medicare Advantage HMO, POS, PPO and prescription drug plans to covered members located in southeast Louisiana.

NORPHO provides all administrative services necessary for the operation of the Network, including, but not limited to, financial services, medical management, claims processing, member services and provider relations.

Prior to December 9, 2011, UMG held less than a 20% investment interest in NORPHO and accounted for the investment under the cost method. On December 9, 2011, UMG redeemed its shares in NORPHO and invested in PH Holdings, LLC, a Louisiana limited liability company established on November 15, 2011. As a result of these transactions, NORPHO became a wholly-owned subsidiary of PH Holdings, LLC. UMG holds less than a 20% investment interest in PH Holdings, LLC.

## LSU HEALTHCARE NETWORK AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

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#### Note 2. Related Party Transactions (Continued)

As discussed in Note 1, UMG, the wholly owned subsidiary of LSUHN, operates under a master operating agreement with NORPHO. The agreement expires on December 31, 2014. UMG pays NORPHO a percentage of capitation revenue for services provided by NORPHO. Management fees were \$3,635,857 and \$4,002,909, for the years ended June 30, 2014 and 2013, respectively.

#### Note 3. Major Payor

Currently, all contracts between UMG and third-party payors are executed through NORPHO. UMG, the wholly owned subsidiary of LSUHN, earned 100% of capitation revenue from PHI. PHI and NORPHO contract with the Centers for Medicare and Medicaid Services (CMS) under a Medicare Advantage contract.

Under the terms of the Medicare Advantage contract, PHI has agreed to provide medical services to Medicare enrollees in return for capitated payments under the products Choices 65, Choices Select, Choices Plus, and Secure Choice. The contract automatically renews for successive periods of one year unless written notice of intention not to renew is given. The contract has been renewed through December 31, 2014. Approximately 100% of PHI's revenue is earned under contracts for these products. A significant modification to, or termination of, this arrangement could have a material effect on UMG's results of operations and financial condition.

UMG, through the Network, offers Medicare Part D prescription drug insurance coverage under a contract with CMS. The CMS Premium, the member premium, and the low-income premium subsidy represent payments for UMG's insurance risk coverage under the Medicare Part D program and, therefore, are recorded as gross capitation revenues in operations. Gross capitation revenues are recognized ratably over the period in which eligible individuals are entitled to receive prescription drug benefits. Pharmacy benefit costs and administrative costs under the contract are expensed as incurred and included in medical claims expense.

#### Note 4. Gross Capitation Revenue

The plans provide prescription drug benefits to members under the Medicare Part D contract. The capitation revenue is subject to risk corridor adjustment, which permits the plans and CMS to share the risk associated with the ultimate costs of the Part D benefit. The adjustment may be positive or negative based on the application of risk corridors that compare a plan's actual prescription drug costs to its targeted costs, as reflected in the Medicare Part D bid. The plans also receive subsidies from CMS for all or a portion of the deductible, co-insurance, and co-payment amounts for low-income beneficiaries, subsidies for coverage gap costs, and reinsurance subsidies for catastrophic costs. Amounts received for these subsidies are not reflected as premium revenue, but rather are accounted for as deposits. A settlement with CMS of the prospective subsidies based on actual prescription drug costs paid by the plans is made after the plans' year-end.

## LSU HEALTHCARE NETWORK AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

#### Note 4. Gross Capitation Revenue (Continued)

UMG, the wholly owned subsidiary of LSUHN, estimates and recognizes an adjustment to gross capitation revenue related to the risk corridor adjustment and an adjustment to drug costs for the low-income cost subsidy based upon prescription drug claims experience to date. UMG recorded a liability of \$56,624 at June 30, 2014, for the 2013 calendar year plan, for its share of the Network plan settlements with CMS. In December 2013, the Network received notification from CMS related to the reconciliation and final settlement of the 2012 Network Part D plan. The Association's share of the final settlement liability resulted in an increase to premium revenue of \$4,552 during the 12 months ended June 30, 2014.

The difference between the recorded estimate and the final determination of the amount to be received or paid will be recorded when such determinations are made and the final settlement amount could vary significantly from the amount recorded at June 30, 2014.

UMG, the wholly owned subsidiary of LSUHN, recognizes an accrual for retroactive changes from CMS for revenue resulting from changes in risk adjustment scores for prior periods. At June 30, 2014, UMG recorded a liability of \$622,096 for these adjustments related to the period from January 1, 2014 to June 30, 2014. At June 30, 2013, UMG recorded a liability of \$623,066 for these adjustments related to the period from January 1, 2013 to June 30, 2013.

At June 30, 2014, UMG accrued \$104,286 for estimated risk score adjustments to calendar year 2013 revenue. The amount was received by UMG in July 2014. At June 30, 2013, UMG accrued \$409,080 for estimated risk score adjustments to calendar year 2012 revenue. The amount was received by UMG in August 2013. These amounts were included as current assets in Due from Related Party on the consolidated statements of net position at June 30, 2014 and 2013.

#### Note 5. Capital Assets

Capital asset activity for fiscal year ended June 30, 2014, was as follows:

	Balance 2013	Additions	Deletions	Balance 2014
Office Furniture and Fixtures	\$ 836,360	\$ 48,861	\$ (48,900)	\$ 836,321
Computers and Related Equipment	1,563,315	173,940	-	1,737,255
Medical Equipment	2,190,081	26,874	-	2,216,955
Leasehold Improvements	788,080	13,486	-	801,566
License Fees	2,618,334	118,515	(31,750)	2,705,099
Total at Historical Cost	7,996,170	381,676	(80,650)	8,297,196
Less: Accumulated Depreciation and Amortization	(5,351,646)	(799,841)	48,900	(6,102,587)
Capital Assets, Net	\$ 2,644,524	\$ (418,165)	\$ (31,750)	\$ 2,194,609

## LSU HEALTHCARE NETWORK AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

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#### Note 5. Capital Assets (Continued)

Capital asset activity for fiscal year ended June 30, 2013, was as follows:

	Balance 2012	Additions	Deletions	Balance 2013
Office Furniture and Fixtures	\$ 835,234	\$ 1,126	\$ -	\$ 836,360
Computers and Related Equipment	1,405,629	157,686	-	1,563,315
Medical Equipment	1,765,228	424,853	-	2,190,081
Leasehold Improvements	773,939	14,141	-	788,080
License Fees	2,618,334	-	-	2,618,334
Total at Historical Cost	7,398,364	597,806	-	7,996,170
Less: Accumulated Depreciation and Amortization	(4,508,929)	(842,717)	-	(5,351,646)
Capital Assets, Net	\$ 2,889,435	\$ (244,911)	\$ -	\$ 2,644,524

Depreciation and amortization expense amounted to \$799,841 and \$842,717, for the fiscal years ended June 30, 2014 and 2013, respectively.

#### Note 6. Other Assets

##### Investments

As mentioned in Note 2, UMG held less than a 20% investment in NORPHO. On December 9, 2011, UMG redeemed their shares in NORPHO and invested in PH Holdings, LLC, a limited liability corporation established on November 15, 2011. As a result of these transactions, NORPHO became a wholly owned subsidiary of PH Holdings, LLC. As of June 30, 2014 and 2013, UMG holds less than a 20% investment interest in PH Holdings, LLC, which amounted to \$2,531,213, and accounts for the investment under the cost method. In 2014 and 2013, UMG did not receive distributions from PH Holdings, LLC.

#### Note 7. Lease Commitments

##### Operating Leases

LSUHN leases office space and equipment under operating leases that expire at various dates through 2019. Certain of the lease agreements provide for escalations based on cost of operations.

## LSU HEALTHCARE NETWORK AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

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#### Note 7. Lease Commitments

##### Operating Leases (Continued)

Minimum annual lease payments as of June 30, 2014, are as follows:

Year Ending June 30,	Amount
2015	\$ 2,359,678
2016	1,537,263
2017	528,345
2018	195,743
2019	189,729
Thereafter	<u>19,846</u>
<b>Total</b>	<b><u>\$ 4,830,604</u></b>

Total rent expense for all of the above leases for the years ended June 30, 2014 and 2013, was \$2,208,953 and \$2,073,868, respectively.

#### Note 8. 401(k) Plan

Beginning January 2012, LSUHN transitioned to a safe-harbor plan, whereby the employee will be able to contribute up to 16% of their compensation into the plan, subject to certain limitations. The participating employees will receive a dollar for dollar matching on their contributions from LSUHN, up to a maximum of 6%. At its discretion, LSUHN may make contributions to the 401(k) plan for the benefit of participating employees. For the years ended June 30, 2014 and 2013, 401(k) plan expenses were \$241,077 and \$217,017, respectively.

#### Note 9. Concentrations of Credit Risk

LSUHN provides services in New Orleans, Baton Rouge, and Lafayette. LSUHN grants credit to its patients, some of whom are insured under third-party payor agreements. LSUHN routinely obtains assignment of, or is otherwise entitled to receive patients' benefits from Medicare, Medicaid and other third-party payors.

## LSU HEALTHCARE NETWORK AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

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#### Note 9. Concentrations of Credit Risk (Continued)

The mix of receivables from its patients and third-party payors at June 30, 2014 and 2013, was as follows:

	2014	2013
Commercial	27 %	23 %
Medicaid	30	32
Medicare	21	25
Self-Pay	22	20
<b>Total</b>	<b>100 %</b>	<b>100 %</b>

LSUHN invests in money market funds which are not insured or guaranteed by the U.S. Government; however, management believes the credit risk related to these investments is minimal.

#### Note 10. Insurance Coverage

##### Malpractice Insurance

The physicians leased to LSUHN by LSUHSC are provided professional liability coverage by LSUHSC in accordance with the provisions of LA. R.S. 40:1299.39 et seq. for the services provided under a Cooperative Endeavor and Operating Agreements. These provisions provide the physician with coverage on malpractice claims up to \$500,000 per occurrence, which is the limit on medical malpractice claims under current state law.

#### Note 11. Government Regulations

The healthcare industry is subject to numerous laws and regulations of Federal, state and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, and government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Recently, government oversight has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. The Office of the Inspector General of the Department of Health and Human Services has undertaken a project to audit Medicare billings of certain academic medical institutions. The government has stated that it believes that a significant amount of Medicare claims filed by teaching physicians are not properly documented as required by current interpretations of Medicare standards. If a provider is found to be in violation of these documentation standards, the government may require repayment of any overcharges and may impose a penalty of treble damages plus up to \$10,000 per false claim.

## LSU HEALTHCARE NETWORK AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

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#### Note 11. Government Regulations (Continued)

Management believes that LSUHN is in compliance with the fraud and abuse regulations as well as other applicable government laws and regulations, and with the Medicare documentation standards. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

Legislation and regulation at all levels of government have affected and are likely to continue to affect the operations of LSUHN. Federal healthcare reform legislation proposals debated in Congress in recent years have included proposals for the imposition of price controls and/or healthcare spending budgets or targets, significant reductions in Medicare and Medicaid program reimbursement to healthcare providers and the promotion of a restructured delivery and payment system focusing on competition among providers based on price and quality, managed care, and steep discounting or capitated payment arrangements with many, if not all, of LSUHN's principal payors. It is not possible at this time to determine the impact on LSUHN of government plans to reduce Medicare and Medicaid spending, government implementation of national and state healthcare reform or market-initiated delivery system and/or payment methodology changes. However, such changes could have an adverse impact on operating results and cash flows of LSUHN in future years.

#### Note 12. Commitments and Contingencies

In October 2006, LSUHN was named as a defendant in two lawsuits claiming wrongful death and damages resulting from the action of a physician leased by LSUHN from LSUHSC. The incidents occurred in a New Orleans hospital during the aftermath of Hurricane Katrina. During the fiscal year ended June 30, 2013, one of these lawsuits was dismissed.

LSUHN has certain other pending and threatened litigation and claims incurred in the ordinary course of business; however, management believes that the probable resolution of such contingencies will not exceed LSUHN's insurance coverage, and will not materially affect the financial position of LSUHN or the results of its operations.

LSUHN contracts with ACS as the sole third-party billing company. The contract rate for net cash collections for ACS is 13% for public business, 5.5% for private business, 10.5% for Baton Rouge, and 5.5% for New Orleans Anesthesia business.

LSUHN has a management services agreement with Diagnostic Imaging Services (DIS) to manage and operate the Low-modality imaging center in the St. Charles Clinic. LSUHN reimburses DIS for expenses incurred and an additional 25% fee (15% for overhead and 10% for margin) as set in the agreement. The agreement extends through December 31, 2015. LSUHN Radiology providers began providing professional services related to LSUHN patients requiring High-modality images performed at a DIS location and receive payment for such services.



# LSU HEALTHCARE NETWORK AND SUBSIDIARIES

## Notes to Consolidated Financial Statements

### Note 13. Consolidating Schedule

As required under GASB 61, below is a reconciliation of the financial statement amounts by active subsidiary for the years ended June 30, 2014 and 2013.

2014					
	LSUHN	LSUHN Billing	UMG	Eliminations	Total
Current assets	\$ 20,751,727	\$ 7,051,845	\$ 8,513,183	\$ -	\$ 36,316,755
Capital assets, net	2,188,013	6,596	-	-	2,194,609
Other assets	9,650,613	-	2,722,890	(9,420,887)	2,952,616
<b>Total assets</b>	<b>\$ 32,590,353</b>	<b>\$ 7,058,441</b>	<b>\$ 11,236,073</b>	<b>\$ (9,420,887)</b>	<b>\$ 41,463,980</b>
<b>Total liabilities</b>	<b>\$ 13,646,648</b>	<b>\$ -</b>	<b>\$ 1,815,186</b>	<b>\$ -</b>	<b>\$ 15,461,834</b>
<b>Net position</b>	<b>18,943,705</b>	<b>7,058,441</b>	<b>9,420,887</b>	<b>(9,420,887)</b>	<b>26,002,146</b>
<b>Total liabilities and net position</b>	<b>\$ 32,590,353</b>	<b>\$ 7,058,441</b>	<b>\$ 11,236,073</b>	<b>\$ (9,420,887)</b>	<b>\$ 41,463,980</b>
Operating Revenues	\$ 59,604,545	\$ 12,645,354	\$ 24,259,161	\$ -	\$ 96,509,060
Depreciation and Amortization	799,841	-	-	-	799,841
Other Operating Expenses	69,112,322	1,553,958	23,785,246	-	94,451,526
<b>Operating income</b>	<b>(10,307,618)</b>	<b>11,091,396</b>	<b>473,915</b>	<b>-</b>	<b>1,257,693</b>
Non-Operating Revenues (Expenses)	451,456	4,500	-	(473,915)	(17,959)
<b>Change in Net Position</b>	<b>\$ (9,856,162)</b>	<b>\$ 11,095,896</b>	<b>\$ 473,915</b>	<b>\$ (473,915)</b>	<b>\$ 1,239,734</b>
2013					
	LSUHN	LSUHN Billing	UMG	Eliminations	Total
Current assets	\$ 17,105,930	\$ 4,015,829	\$ 7,831,273	\$ -	\$ 28,953,032
Capital assets, net	2,642,528	1,996	-	-	2,644,524
Other assets	9,169,898	-	2,722,890	(8,946,972)	2,945,816
<b>Total assets</b>	<b>\$ 28,918,356</b>	<b>\$ 4,017,825</b>	<b>\$ 10,554,163</b>	<b>\$ (8,946,972)</b>	<b>\$ 34,543,372</b>
<b>Total liabilities</b>	<b>\$ 8,173,769</b>	<b>\$ -</b>	<b>\$ 1,607,191</b>	<b>\$ -</b>	<b>\$ 9,780,960</b>
<b>Net position</b>	<b>20,744,587</b>	<b>4,017,825</b>	<b>8,946,972</b>	<b>(8,946,972)</b>	<b>24,762,412</b>
<b>Total liabilities and net position</b>	<b>\$ 28,918,356</b>	<b>\$ 4,017,825</b>	<b>\$ 10,554,163</b>	<b>\$ (8,946,972)</b>	<b>\$ 34,543,372</b>
Operating Revenues	\$ 52,603,632	\$ 7,372,324	\$ 26,463,547	\$ -	\$ 86,439,503
Depreciation and Amortization	842,717	-	-	-	842,717
Other Operating Expenses	57,159,681	732,637	25,436,466	-	83,328,784
<b>Operating income</b>	<b>(5,398,766)</b>	<b>6,639,687</b>	<b>1,027,081</b>	<b>-</b>	<b>2,268,002</b>
Non-Operating Revenues (Expenses)	1,040,647	-	-	(1,027,081)	13,566
<b>Change in Net Position</b>	<b>\$ (4,358,119)</b>	<b>\$ 6,639,687</b>	<b>\$ 1,027,081</b>	<b>\$ (1,027,081)</b>	<b>\$ 2,281,568</b>

## LSU HEALTHCARE NETWORK AND SUBSIDIARIES

### Notes to Consolidated Financial Statements

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#### **Note 14. Subsequent Events**

Management has evaluated subsequent events through August 29, 2014, the date that the consolidated financial statements were available to be issued and determined that no events occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in these consolidated financial statements.

**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING  
AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF  
FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE  
WITH GOVERNMENT AUDITING STANDARDS**

Independent Auditor's Report

To the Board of Directors of  
Louisiana State University School of Medicine in  
New Orleans Faculty Group Practice

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Louisiana State University School of Medicine in New Orleans Faculty Group Practice d/b/a LSU Healthcare Network and Subsidiaries (a Louisiana non-profit corporation) (LSUHN), which comprise the consolidated statement of net position as of June 30, 2014 and 2013, and the related statements of revenues, expenses and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements, and have issued our report thereon dated August 29, 2014. The financial statements of University Medical Group, LLC (a wholly-owned subsidiary) (UMG) were not audited in accordance with *Government Auditing Standards*.

**Internal Control Over Financial Reporting**

In planning and performing our audits of the consolidated financial statements, we considered LSUHN's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of LSUHN's internal control. Accordingly, we do not express an opinion on the effectiveness LSUHN's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

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**Compliance and Other Matters**

As part of obtaining reasonable assurance about whether LSUHN's consolidated financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of consolidated financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audits and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

**Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose. Under Louisiana Revised Statute 24:513, this report is distributed by the Legislative Auditor as a public document.

A handwritten signature in cursive script that reads "LaPorte".

A Professional Accounting Corporation

Covington, LA  
August 29, 2014

**LSU HEALTHCARE NETWORK AND SUBSIDIARIES**  
**Schedule of Findings and Questioned Costs**  
**For the Year Ended June 30, 2014**

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**Part I - Summary of Auditor's Results**

**Financial Statement Section**

Type of Auditor's Report Issued	Unmodified
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Internal Control Over Financial Reporting:

Material Weaknesses Identified?	No
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Significant Deficiencies Identified not Considered to be Material Weaknesses?	No
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Noncompliance Material to Financial Statements Noted?	No
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Management's Summary Schedule of Prior Audit Findings	N/A
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Memorandum of Other Comments and Recommendations	No
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**Federal Awards Section**

Internal Control Over Major Programs:

Material Weaknesses Identified?	N/A
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Significant Deficiencies Identified not Considered to be Material Weaknesses?	N/A
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Type of Auditor's Report on Compliance for Major Programs:	N/A
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Any Audit Findings Disclosed that are Required to be Reported in Accordance with OMB Circular A-133 (Section 510(a))?	N/A
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**Identification of Major Programs**

Dollar Threshold Used to Determine Type A and Type B Programs:	N/A
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Auditee Qualified as Low-Risk Auditee?	N/A
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**Part II - Financial Statement Findings Section**

None noted.

**Part III - Federal Awards Findings and Questioned Costs**

Not applicable.